

⑦

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARESherry E. Washington  
PlaintiffUnited State's officials, Agency's  
Defendant(s)APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER: 06 - 42 -

I, Sherry E. Washington

declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Question 2)

If "YES" state the place of your incarceration \_\_\_\_\_

Inmate Identification Number (Required): \_\_\_\_\_

Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a. Business, profession or other self-employment  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

popsicle sticks  
craft A tray  
\$8.00 sold  
one about  
month ago  
Hobbie  
Tray's  
Non Selling  
Purveyor

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

---

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable. *None*

I declare under penalty of perjury that the above information is true and correct.

1/23/06  
DATE

Sherry E. Washington  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Employee file #

Employee Name

Check No. Company Name & Address

14246 SPECIAL SERVICES BUREAU, INC.

SSB - PENNSYLVANIA  
1443 FERRIS AVENUE  
BRONX, NY 10461

Co # SSB  
Period Start 7/25/05  
Period Ending 8/7/05  
Check Date 8/19/05  
Clock # 4500  
FW= S 0  
ST= 0

**EARNINGS**

**TAXES**

**DEDUCTIONS**

DESCRIPTION	HOURS	RATE	AMOUNT	YTD DESCRIPTION	AMOUNT	YTD DESCRIPTION	AMOUNT	YTD
REGULAR	10.75	8.00	\$86.00	\$86.00 SSEC	\$5.33	\$5.33		
				MEDI	\$1.25	\$1.25		
				SWTPA	\$2.64	\$2.64		
				EESUTAPA	\$0.08	\$0.08		
<b>EARNINGS</b>								
			\$86.00	<b>TAXES</b>			<b>DEDUCTIONS</b>	
			\$9.30	<b>DEDUCTIONS</b>			<b>NET PAY</b>	
							\$76.70	

CUSTOMER	LOCATION	DATE	TOUR	REGULAR	O.T.	HOLIDAY	REGULAR	O.T.	HOLIDAY
7110 KMART	KMART CLAYMOI	7/25/05	16:00-21:30	5.25	0.00	0.00	8.00	12.00	12.00
7110 KMART	KMART CLAYMOI	7/26/05	16:00-21:45	5.50	0.00	0.00	8.00	12.00	12.00

*First Last pay 1/23/06*

#8084672005 3:23:22PM

000087000075000066